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Following Up Tuberculous Soldiers

By H. A. Pattison, M.D., Medical Field Secretary, National Association

The Surgeon General of the Army recognized at the beginning of the war the necessity of eliminating tuberculosis from the Army as completely as possible. He placed at the head of the Department of Internal Medicine Colonel George E. Bushnell, who has been recognized for many years as an authority on tuberculosis, and when called to Washington was the commanding officer of Fort Bayard. Associated with him in dealing with the tuberculosis problem is Lt.-Col. E. H. Bruns, who has been in tuberculosis work for about nine years.

Specialists in tuberculosis and internists of known ability have been commissioned to serve as experts in the camps and cantonments. Under them are the Tuberculosis Reviewing Boards, each composed of from eight to twelve physicians who have had special training in the diagnosis of tuberculosis. Most of these men are commissioned officers of the Medical Reserve Corps.

Each base hospital has a well-equipped X-Ray laboratory with a competent man in charge. Special instruction in the interpretation of plates is being given by commissioned experts at Cornell University.

In a general way the procedure in dealing with tuberculosis at the camps is as follows:

Recruits upon arrival at camp are examined rapidly by regimental surgeons. Cases that present evidence of disease of the chest are referred to the tuberculosis expert, who determines whether the disturbance is tubercular or not. If tubercular, the man is recommended to the Physical Disability Board for immediate discharge.

The Tuberculosis Reviewing Board makes a complete survey of the camp. Certain specified units appear at an appointed hour, and each man is examined by one or more members of the board. Any who are picked out as tuberculous or suspected as such are turned over to the expert, who must finally pass upon each case, and if the diagnosis is positive is reported to the Physical Disability Board.

Doubtful cases are sent to the base hospital for observation. The temperature is taken every two hours and a complete personal and family history obtained. If there is sputum, it is examined every day for three days. Plates of the chest are developed for stereoscopic examination. The director of the laboratory reports his interpretation in writing. The expert usually examines the plates also. When the diagnosis is determined the expert again recommends rejection or retention, as the case may be. Not every man who is found to have been infected by tubercle bacilli is discharged from the service. The Surgeon General has laid down the rules governing the findings which are necessary before discharge may be granted.

To quote Colonel Bushnell: "If a man presents himself for enlistment who shows slight, old, pulmonary changes, such changes should be viewed as evidence of bygone disease, cured, and, if the soldier is in vigorous health, to be disregarded in the decision as to his acceptance, and disregarded also in the record of his case, so that if it should unfortunately happen that the man in question should break down with active tuberculosis at a later time his disease will be regarded as incurred in line of duty."

Frequent use is made of the terms "contracted in the line of duty" and "not in the line of duty." This distinction is important in that it affects the status of the soldiers as to governmental responsibility for care and compensation by the Bureau of War Risk Insurance. On September 11, 1917, General Gorgas issued the following rules which have up to this time been observed in determining whether pulmonary tuberculosis has been contracted in the line of duty:

"A case of chronic tuberculosis in which the length of service is three months or less shall be considered to be not in the line of duty; cases of acute tuberculosis shall be considered to be in line of duty in all cases irrespective of length of service. When action must be taken in cases in which the distinction between acute and chronic forms is not made, cases of three months' or longer service shall be considered to be in the line of duty; those of less than three months' service shall be considered to be not in line of duty unless it be shown that the patient has had some disease since enlistment, such as measles, which may be expected to reactivate tuberculosis, or unless there is a history of excessive fatigue or of exposure in line of duty calculated to break down the resistance of the individual."

It will be seen that the government does ont hold itself responsible for the care of those drafted men who are found by the examiners to have chronic tuberculosis if the service is less than three months with certain exceptions. They are given either transportation to their homes or a sum of money equal to three and a half cents per mile for the distance from camp to home. A modification of these rules is under consideration.

Concerning compensation of tuberculous soldiers, "the Bureau of War Risk Insurance, while laying down no distinct line of demarcation so far as length of service is concerned, is inclined to pay compensation if it can be shown to the satisfaction of the Bureau that a latent tuberculosis was reactivated by disease, over-strain or exposure, or by other causes due solely to the fact that the discharged man was in active service."

Those for whom the War Department assumes responsibility will be sent to government hospitals. At present five of these are planned—one at Otisville, N. Y., one at Azalea, N. C., one at Merkleton, Pa., one at Whipple Barracks, Prescott, Ariz., and one at Denver, while one is now established at Fort Bayard, N. M. A new 150-bed sanatorium at New Haven, Conn., has been taken over by the War Department.

We are informed at the office of the Surgeon General that it is positively not the policy of the Department to place men in small units in existing local sanatoria. Some of the reasons given for this policy are these:

It is desirable that the treatment shall be standard throughout. This is important for the purpose of compiling statistics of results. The men will be given treatment for so long a time as the individual case may require. Their discipline and control will be much easier in a regular government hospital or sanatorium. There will be less complaint, less restlessness and fewer requests for transfers to other places where the patient fancies he will get better treatment or find a more salubrious climate. The government sanatorium will result in economy of personnel. Small units would have to have one or more officers in charge, and the army

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cannot spare these men. If the men are placed in sanatoria close to their homes, it is believed they will develop more concern for family problems, because these problems (and not alone problems but vexations) will be brought to their attention by visiting friends and relatives. It is the desire of the Surgeon General and his aides that they give themselves entirely to the business of getting well. This they are more likely to do when several hundred of them with like memories and like interests are together under full military management.

Those men discharged from the camps because of tuberculosis and "not in line of duty" will number, according to estimates of the Surgeon General's office, about 1 per cent. of the drafted army (i.e., of the first draft). While at Camp Kearney, Cal., 3.95 per cent. were discharged for this cause, in some other camps the number is less than 1 per cent. Many hundreds of these were previously unknown cases. So while the tuberculosis problem is no greater than before the declaration of war with Germany, our knowledge of it is very much more enlightened, and therefore the sense of responsibility deepened. There is apparent a very keen interest in these unfortunates returned from the camps and a warm desire to perform some service for them. Inquiries reach us from secretaries as to what may be done, and some reports have reached us relating what has been done thus far.

By courtesy of the Surgeon General the names and addresses of those discharged are being furnished to the National Association, which, acting as a clearing house, is forwarding them to the appropriate state boards of health and anti-tuberculosis associations. Since March 1st the division directors of civilian relief have also been receiving lists. This will mean that each man whose name is received is put into touch with three different groups. The necessity for close co-operation between these groups is clearly apparent.

If the men are approached promiscuously and without a full understanding between the three different agencies, there is grave danger that they may be antagonized and that any efforts for their welfare may be frustrated to the detriment both of the individual and of the community. There is, furthermore, the danger that a repetition of such experiences may possibly cause the War Department officials to withhold this valuable information from the public health, the anti-tuberculosis and the Red Cross authorities.

The National Association is urging a plan of co-operation. The first agency that should get in touch with these cases should be the Board or Department of Health, either state or local. These authorities are entrusted with the responsibility for the control of tuberculosis, and theirs is the primary responsibility to the individual and the community. The function of the anti-tuberculosis society, in relation to the cases, should be to see that each individual is properly followed up and that the interests of the men as well as of the community are safeguarded. It should visit and direct the individual case only when assistance is required by the health authorities. The Home Service Sections of the Red Cross, to whom this information will be transmitted by the Division Directors, should be prepared to supplement the efforts of the other organizations when called upon by them to act. Where relief is shown to be necessary, the Red Cross will administer it in accordance with approved standards, as provided by the Director General of Civilian Relief. In other words, the method of approach should be in this sequence:

First, Board of Health; second, Anti-Tuberculosis Society, and third, Red Cross.

In rural communities effective follow-up service presents some difficulties, particularly in those States that have a large area. For the county nurse, where there is one, the rejected soldier presents not only an opportunity for personal service but opens the way for community education and for developing a new or an increased seal sale. Where there is no nurse a tactfully worded letter may be sent with literature. There is no better pamphlet than No. 106, published by the National Association, entitled "What You Should Know About Tuberculosis." It is being widely used among tuberculous soldiers in Canada.

If it is possible to learn the name of the family physician, a carefully worded letter may be sent to him also.

The new pamphlet just reprinted from *The American Review of Tuberculosis* entitled "Standards for Diagnosis, Classification and Treatment of Tuberculosis in Children and Adults" is an excellent piece of literature to enclose with the letter to the doctor. These letters will naturally have to be adapted to local circumstances and conditions.

In some states the township supervisor is the township health officer. Information could be given to him and obtained from him as to family conditions, attending physician, etc.

In cities, the procedure in New York as outlined by the following memorandum from the Department of Health will prove of value:

"All cases of the above nature referred to branch offices are to be acted upon in the following manner, after the files have been searched for a previous report of case:

"1. Cases already registered in files will be treated in accordance with the classification under which they are registered.

"2. Cases not registered in files will be visited by nurses for purpose of inducing them to come to clinic for diagnosis.

"3. Cases visited by nurse twice, without result, will be assigned to clinic physicians for home visit and diagnosis as 'suspected cases,' to be finally disposed of by them by diagnosis or refusal.

"4. A record is to be kept in all branch offices of all such cases assigned to them, as follows:

"1. Previously reported.
"2. Previously not reported.
(a) Final diagnosis: positive sputum, clinical tuberculosis, negative cases.
(b) Refused examination.
(c) Subsequently reported by physicians, clinic, etc."

Dr. I. J. Murphy, Executive Secretary of the Minnesota Public Health Association, reports as follows regarding the procedure followed in that state:

"We have been following up the cases which you reported to this Association in the following manner: (1) Reporting them to the superintendent of local sanatoria where they have a public health nurse working in the field for the sanatorium. (2) Reporting to the public health nurse where we know they have a county public health nurse. A great number of our counties have these nurses. (3) Reporting to the local health officer where there is no county nurse. (4) Follow-up work by

(*Concluded on page 4*)

A Record of Achievement

To appreciate fully what the National Association may mean to those organizations that it serves in various parts of the United States, one must familiarize himself, to a certain extent, with the record of work of the Association since its formation in 1904. The following summary gives in brief outline some of the most significant things that the Association has done. This outline deals only, however, with those large outstanding features of national importance and does not comprehend the hundreds of significant achievements accomplished in more or less restricted local fields through direct dealings with individual organizations, either by correspondence or otherwise.

Thirteen Years' Work

(1) Organized and conducted the Sixth International Congress of Tuberculosis at Washington in 1908, a gathering which stimulated the entire anti-tuberculosis movement in America by giving it direction and program.

(2) Started the first traveling tuberculosis exhibit, and continued it for eight years, from 1905 to 1913. It was this exhibit that demonstrated to state and local anti-tuberculosis associations throughout the United States, as well as other social agencies, the value of this method of education, and resulted in the creation of thousands of similar exhibits, large and small.

(3) Published the first national standards of diagnosis and classification of tuberculosis (1906), which have been used continuously in this country and Canada as a basis for reporting upon results of sanatorium and dispensary treatment.

(4) Established the first national health publicity bureau in the United States, which has stimulated similar work in every state and large city of the country and has been the means of educating millions of people and thousands of newspapers and periodicals about the value of public health.

(5) Inaugurated Tuberculosis Sunday, which has since developed into Tuberculosis Week, the means of reaching millions of people annually with a health message.

(6) Promoted the Red Cross Christmas Seal from a limited sale of less than 30,000,000 in 1910 to nearly 200,000,000 in 1917.

(7) Printed and distributed educational leaflets, posters and booklets on tuberculosis aggregating several million copies. These have been the means not only of educating thousands to whom they have been sent, but also of suggesting standards for similar publications to other organizations throughout the country.

(8) Organized a field service by means of which every state in the Union has been visited.

(9) Helped to promote standardization and economy in the construction and administration of tuberculosis hospitals by the publication of special volumes on this subject, by personal advice and field service, thereby saving to communities throughout the country hundreds of thousands of dollars.

(10) Established *The American Review of Tuberculosis*, the only strictly scientific medical journal on tuberculosis published in English in North or South America. In its first year of existence the *Review* has made for itself an enviable place in the scientific publications of the world.

M. H. C. Movement

(11) Organized the Modern Health Crusader Movement, designed to promote personal and community hygiene among the children of school age throughout the country. At the present time more than 500,000 children are enlisted in this crusade.

(12) Established, in co-operation with the New York School of Philanthropy, an institute for the training of tuberculosis workers, the third session of which will be held in 1918. Fifty men and women have already taken this course and are holding responsible positions.

(13) Organized or reorganized state associations in the following states: Maine, New Hampshire, Vermont, New Jersey, West Virginia, North Carolina, South Carolina, Florida, Mississippi, Tennessee, Kentucky, Ohio, Indiana, Illinois, Iowa, Missouri, Arkansas, South Dakota, Oklahoma, Texas, New Mexico, Wyoming, Montana, Idaho, Utah, Arizona, Oregon and Nevada. Helpful assistance has also been given in many local organizations.

Important Publications

(14) Published numerous research studies and important volumes on various phases of tuberculosis work, including the thirteen volumes of the "Transactions" of annual meetings, a most important library on tuberculosis; three editions of a "Tuberculosis Directory" in 1908, 1911 and 1916, "Fresh Air and How to Use It," "Tuberculosis Hospital and Sanatorium Construction," and pamphlets on "The Influence of Tuberculosis Sanatoria on Surrounding Property," "Tuberculosis Legislation in the United States," "Workingmen's Organization in the Anti-Tuberculosis Campaign," "Tuberculosis Dispensary Method and Procedure," "Red Cross Seal Percentages," "Sleeping and Sitting in the Open Air," and "What You Should Know About Tuberculosis," the last-named being a standard tuberculosis pamphlet, prepared by a special committee of the National Association.

(15) By insisting upon the importance of tuberculosis as a war problem, the National Association has been able to put into effect, with the co-operation of the Federal Government, the Young Men's Christian Association and other agencies, a war program which has for its purpose the following up of every case of tuberculosis discharged from military camps and a complete system of education in all of the large army camps and cantonments in the United States and France, including a special exhibit, motion pictures, lectures and the extensive distribution of literature.

Annual Meetings

(16) Conducted thirteen annual meetings at which the most important clinical, pathological and sociological phases of tuberculosis have been discussed. In 1915 a series of sectional conferences, now numbering six, was organized for the discussion of peculiar district problems. These various meetings were attended by over 2,000 people in 1917.

(17) Investigated the status of a large number of questionable agencies that have traded upon the tuberculosis campaign for various reasons, including the National White Cross League, the Children's National Tuberculosis Society, the McKinley Memorial League, etc., etc.

(18) Promoted legislation on tuberculosis in practically every state, with the result that laws dealing with this disease have received favorable consideration from legislatures throughout the country.

(19) Established the Framingham Community Health and Tuberculosis Demonstration. This demonstration aims to show how, with an adequate program, any community in the United States may effectively control tuberculosis as well as other preventable diseases. The experiment has been under way since August, 1916. The funds for the demonstration are provided by the Metropolitan Life Insurance Company.

(20) Published for several years past a monthly BULLETIN, giving suggestions with regard to methods and programs of anti-tuberculosis work.

(21) Co-operated with the American Medical Association and other agencies in studying and publishing information relative to fraudulent "cures" for tuberculosis, including the exposé of the so-called "Friedman cure."

Summary

(22) Promoted and stimulated the organized movement against tuberculosis in every possible way, in co-operation with affiliated agencies, with the result that there are at the present time in this country 600 tuberculosis hospitals and sanatoria with a bed capacity of over 43,000; fourteen hundred anti-tuberculosis associations and committees, including a state association in every state and most of the outlying territories of the United States; nearly 500 special tuberculosis dispensaries and clinics; more than 1,000 open air schools; and approximately 3,000 special tuberculosis nurses, as contrasted with the conditions in 1905, when the Association was started, at which time there were in this country only 115 tuberculosis sanatoria with a bed capacity of less than 9,000; only 25 anti-tuberculosis associations; less than 20 tuberculosis dispensaries; no open air schools; and no tuberculosis nurses.

Modern Health Crusaders' Department

"Kill the winter flies! Now is the time to begin next summer's campaign." This is the heading of a display card published by the Merchants' Association of New York. We will send it free to Crusader leagues in preparation for the April meeting. "One fly killed in April is equivalent to killing thousands in August"; so begins a pamphlet, "Fighting the Fly in Cleveland." Apply to the Bureau of Fly Prevention, Division of Health, Cleveland, Ohio, or to the National Association for a copy of this account of how Cleveland made itself a practically flyless city.

In this year of militant health work, Crusaders may readily be interested in a strategic war on flies and mosquitoes as agents of the enemy, the carriers of typhoid and dysentery, of tuberculosis and other diseases. "The Transmission of Disease by Flies," a pamphlet of the U. S. Public Health Service, will give facts enabling the league master to interest Crusaders immensely. Write to Washington for Supplement No. 29 to the Public Health Reports.

The next meeting should be made the send-off for the campaign against the fly. Health officials or health workers in town should be lined up by the league master for cleaning out fly-breeding places. Prizes for an early catch will prove helpful.

Spring Cleaning

Crusaders can play a useful part in a clean-town movement. The annual Clean Town Contest conducted by the Utah State Board of Health should be duplicated in many states. Apply to the Secretary, Dr. T. B. Beatty, Salt Lake City, for descriptive literature. Crusader leagues may help their communities materially by laying the literature of the National "Clean-up and Paint-up" Campaign Bureau in the hands of the town commercial clubs. Address Kinloch Building, St. Louis.

Children's Year

"Baby Week Campaigns," a booklet of the Children's Bureau of the Department of Labor, may similarly be secured. Child welfare is one of the standard subjects for the April meeting. At this meeting the league may embark on a plan of co-operation with the woman's club of the town in conducting a baby week campaign or a child welfare exhibit. Write to Julia C. Lathrop, Chief of the Children's Bureau, Department of Labor, Washington, for the booklet, "Baby Week Campaigns," and for material to help the community do its part in saving 100,000 little children in this "Children's Year." The National Child Welfare Exhibit, 70 Fifth Avenue, New York, will supply bulletins on application describing its beautiful parcel post exhibit on "Healthy Babies and Healthy Children" and explaining its use.

Notes and Pointers

It is impossible to cite all the reports of the progress of the Crusade now being received. Its progress is a geometrical progression. We invite reports and suggestions from all quarters and as far as possible will publish all news of improvement in method and program.

The Community Health and Tuberculosis Demonstration is promoting the Crusade in a thoroughgoing campaign among the Framingham, Mass., schools. The members of the junior class in biology of the high school, after qualifying as Crusaders by doing the health chores, were assigned as league masters in the elementary school grades, from the fourth grade up. This Crusader work is a part of the regular class work of the high school. Furthermore, 300 high school freshmen have been put to doing the chores. In each of the lower classes a herald or clerk is elected to collect the chore score cards once a week. A competition in compositions on the Crusade is being conducted with cash prizes in each grade from the fourth to the eighth.

J. P. Kranz, Executive Secretary of the Tennessee Anti-Tuberculosis Association, reports that "through the assistance of the Parent-Teacher Association, it has been definitely arranged that the Modern Health Crusader leagues shall be formed in every school in Nashville."

Miss Erle Chambers, Acting Secretary of the Arkansas association, writes: "The public schools are co-operating thoroughly. Our medical inspector has been tremendously interested in this organization and is anxious to see it pressed here."

School auxiliaries of the Red Cross in various states under the Junior Membership plan are promoting the Crusade as supplying a personal and community health program. Miss Edna Ford Guyer, visiting nurse of the Red Cross Chapter of Fairfield, Conn., writes: that a school principal there insisted that every child in her school take the chore score cards and work in competition with a neighboring school to secure new members.

Miss Ethel L. Steeves, Red Cross public health nurse in Vermont, reports that the Crusader system of chores has wrought wonderful results in the ten schools under her charge in Hartford Township.

Motion pictures have been taken in Washington, showing the drills and activities of some of the leagues in that State. With these films, the State Legion is able to promote the development of the Crusade, which has been very rapid through the State.

Following up Tuberculous Soldiers

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our nurses where the health officer or other agency does not promise to follow up the case.

"We, of course, endeavor to have every case reported sent to an institution if at all possible. There is ample room in Minnesota to accommodate all such cases."

Even before they reach home rejected tuberculous soldiers are often advised by those holding the old delusions concerning the value of climate, to "Go West." Sometimes they do not go home at all, but taking the money due them from the government make for a southwestern state. Unless this tendency is strongly combated everywhere there is likely to develop a serious problem with the dependent migratory consumptive.

The National Association has completed negotiations with the War Department whereby, through the office of the Surgeon General, the records of all men rejected on account of tuberculosis by exemption boards in the draft, both first and second, and in all future drafts, will be transmitted to this office, and through this office to the same agencies now receiving the names of those rejected in camps.

Frequent reports from the field to the National Association will be greatly appreciated. Methods employed and experiences resulting will be of value to others in the work.

WILL YOU JOIN?

I desire to become a member of THE NATIONAL ASSOCIATION FOR THE STUDY AND PREVENTION OF TUBERCULOSIS, and enclose herewith five dollars in payment of my annual dues.

Kindly mail Certificate of Membership to

Name .....

Address .....

Checks should be drawn to the order of WILLIAM H. BALDWIN, Treas., and forwarded to 105 East 22nd Street, New York City.